LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Kimberly A. Foster
Executive Director

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **April 7, 2008**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)
Carol O. Biondi
Patricia Curry
Ann Franzen
Helen A. Kleinberg
Dr. La-Doris McClaney
Tina Pedersen
Martha Trevino Powell
Sandra Rudnick
Stacey Savelle
Adelina Sorkin
Trula J. Worthy-Clayton

COMMISSIONERS ABSENT (Excused/Unexcused)
Susan F. Friedman
Rev. Cecil L. Murray
Dr. Harriette F. Williams

APPROVAL OF AGENDA
The agenda for the April 7, 2008, meeting was unanimously approved.

APPROVAL OF MINUTES
The minutes of the March 17, 2008, meeting were unanimously approved.

CHAIR'S REPORT

- Chair Sorkin welcomed Martha Trevino Powell, a new Commissioner from the First Supervisorial District. As an award-winning principal with more than 28 years in the Los Angeles Unified School District, she brings to the Commission extensive experience in working with children, particularly those of elementary school age.

- The South Central Los Angeles Regional Center will present to the Commission at its next meeting, and Commissioner Pedersen asked Commissioners to e-mail her with topics they would like to see covered.

DIRECTOR'S REPORT

Department of Children and Family Services director Trish Ploehn updated Commissioners on several items.

- Ms. Ploehn has hired a new chief deputy, Ted Myers, who began as a social worker in the Norwalk DCFS office in the 1980s. He then moved to Ventura County, where he worked his way up through the child welfare system, ultimately serving as director of child welfare. For the last five years, he has been Ventura County's director of health and human services. He is scheduled to start work next Monday, April 14.

  In answer to a request from Commissioner Kleinberg, Ms. Ploehn promised Commissioners a copy of the organization chart she has developed for her high-level management team. Mr. Myers will focus on the internal workings of the department, overseeing programmatic and administrative operations.

- Ms. Ploehn distributed the first issue of the Department of Mental Health's *Prevention and Early Intervention* newsletter about the planning process for that component of the Mental Health Services Act. As a result of much advocacy work by DCFS, the Commission, and others, the portion of prevention and early intervention funds to be spent for children, youth, and families has been set at 51 percent. That is still not enough, Ms. Ploehn believes, and she recently sent DMH a proposal to increase it to 70 percent. Her plan further proposes allocating 70 percent of those funds—70 percent of the 70 percent, in other words—to children and youth in the child welfare system, or at risk of entering that system, and their families. Commissioners Biondi and Curry recommended adding children and youth in or at risk of entering the juvenile justice system as well, plus their families, which Ms. Ploehn agreed made sense. (Mental health services for families are particularly important, since many children are in out-of-home care as a result of their parents' mental health issues.) Because MHSA dollars are new, much competition for them exists, and these percentages are far from resolved. The Commission may be asked to take a formal position soon.

  The prevention and early intervention planning process is a complicated one. Commissioner Kleinberg represents the Commission on the 25-member stakeholder group, with Commissioner Curry as her alternate. The stakeholder group—on which sit many more advocates for adult services than for children—makes decisions that will first go to the Mental Health Commission and then the Board of Supervisors. (A plan

is expected in December.) An advisory body on which Commissioner Kleinberg also serves makes recommendations to the stakeholder body, but the Department of Mental Health has also committed to a process whereby crucial community input will be sought through its system of regional Service Area Advisory Committees (SAACs), probably via a series of focus groups. This planning process is different than that for the MHSA's community services and supports component, when the SAACs were involved only in implementation, not in deciding how funds should be allocated. Commissioner Curry urged advocacy not only on behalf of more dollars to meet foster and probation youth needs, but to change the decision-making process itself.

Many proponents of adult services feel that because foster youth are eligible for other mental health funding streams, such as EPSDT (Early and Periodic Screening, Diagnosis, and Treatment, a Federal program), they don't need MHSA dollars. Other advocates want to ensure early intervention services for very young children in child care programs and elementary schools, catching those with mental health issues before their conditions become more severe. Conflicts will likely play out in the SAACs to a large degree, and Ms. Ploehn encouraged Commissioners to attend SAAC meetings, the locations of which are listed on the newsletter's back page.

- Ms. Ploehn distributed the executive summary of DCFS's annual performance report, including an appendix on outcome measures that presented specific statistics and graphs. She made it clear that improvements in child welfare over the last two years have been achieved not by DCFS alone, but by the county as a whole and all its stakeholders. The percentage of children adopted within 24 months has increased, the number of children in long-term foster care has gone down, more children are being moved into permanent arrangements such as adoption or legal guardianship, the median length of stay in the system continues to fall, the number of children abused in foster care has decreased, and the number of family maintenance cases open for more than a year has fallen, indicating that families are getting community-based services earlier to help them resolve their issues. Every trend line but one is moving in the right direction. The single exception is a higher number of children re-entering the system, which is to be expected when families are reunited more quickly. Even so, children are re-entering the system not because they have been re-abused, but for other reasons, such as parents being unable to sustain improvements in functioning.

  Commissioner Biondi views these as tremendous gains, remarking that in 1999 when she joined the Commission, 65,000 children were in out-of-home care, and now that number has been reduced to just over 19,000. Still more progress can be made, Ms. Ploehn said, and she has committed to reduce that number to 12,000 by 2020. Children are still in the system who don't need to be there, and youngsters still come to the attention of DCFS who, with increased prevention efforts and a better differential response, can stay safely in their homes. Nevertheless, Los Angeles County is seen as a trendsetter around the country and the progress that began with David Sanders' tenure as DCFS director in 2003 has continued now for five years.

Commissioners asked for family reunification data—how many families reunited and remained reunited, how many attempts failed, whether they were Family Reunification unit cases, an age breakdown, and so on—to discover what issues families had in common, what approaches succeeded with specific age groups or populations, and if further resources (for substance abuse treatment, for example) would be helpful.

Commissioner Curry—who noted that when she came on the Commission, 75,000 children were in out-of-home care—asked for a similar follow-up on adoptions and legal guardianships. How long does the department follow up to ensure that children are safe and being taken care of? How many children come back to the child welfare system after a failed adoption or guardianship? What tracking could be done?

- At a recent DCFS job fair in Santa Clarita, 200 applications were received that are being processed now, 70 for social work positions and more than 100 for clerical and nursing positions. The next job fair will take place on April 26 in Chatsworth.

- The DCFS budget goes to the Board of Supervisors in late April and will include over $1 million in county cuts, none of which should affect staffing or direct services to children and families. Planning continues for various levels of state cuts, which have not yet been announced. A state budget is not expected until September.

THE ROLE OF "CHAMPS"

In her previous role with the Department of Mental Health, DCFS's Susan Kerr was a founding member of "Champs" (short for Champions for Children), a group created in 2004 by senior managers in DCFS and DMH to improve communication, coordination, and collaboration between the two departments. The group has since added other departments serving the same population of children and families—Probation, Health Services, and Public Health—and meets every Thursday for substantive conversations and relationship-building. When members realized that not enough interdepartmental referrals were being made, they developed a task force to discuss the issue and begin setting up a tracking system. Ms. Kerr views Champs as a solid vehicle for enriching DCFS information on mental health services and how to access them, and for strengthening relationships among departments. It has created a Title IV-E waiver steering committee, and has also dealt with a more consistent approach to screenings and referrals in the medical hubs.

The impetus for Champs, DMH's Greg Lecklitner said, came out of a legal settlement that required a tremendous amount of planning, discussion, and data-sharing across departments, and the group has continued to be an effective venue for maintaining meaningful working relationships. Within DMH, Olivia Celis is transitioning with Sandra Thomas, deputy director over specialized foster care and juvenile justice. Ms. Celis is the deputy director for children's services, which is being incorporated into Ms. Thomas's section, and Ms. Celis now expects to be much more active in Champs.

Although Carol Sanchez from the Probation Department does not regularly attend Champs meetings, she is grateful for the opportunities the group has given her department to look at issues affecting both probation and foster youth, and to connect quickly

with other departments' staff. Cherie Todoroff from the Department of Health Services primarily participates in Champs around DHS's role in the medical hubs that provide initial medical and forensic examinations and screenings to foster youth.

Commissioner Kleinberg expressed frustration at hearing from various sources that providers of mental health services are not getting enough referrals. When money has been allocated and services are available, when DMH staff are co-located in DCFS offices and systems navigators have been hired, why are children still not getting help? Ms. Kerr acknowledged that managers need to do a better job of letting line staff know where services are available, and an internal mechanism is needed to track and monitor referrals. Progress is being made, however. In fiscal year 2002–2003, Mr. Lecklitner said, DMH and its providers had contact with 27 percent of the children on DCFS rolls, while in 2006–2007, that number had risen to 38 percent. Studies show that between 35 and 85 percent of children in the child welfare system need or could benefit from mental health services, and 50 percent is being used as a target number for planning purposes. Mr. Lecklitner clarified that DMH staff are co-located in only three of eight service planning areas (1, 6, and 7). A few co-located staff exist in four other SPAs and all offices have individuals they can call on for support, but there is little uniformity countywide.

"Contact" can mean anything from an assessment (required to open a case) to intensive treatment services, and Ms. Kerr promised more information on services to DCFS children—who is being seen and how frequently, their age groups, and so on. The key point is that DCFS has created an infrastructure to deal with the mental health component; Adrienne Olson has been division chief of child welfare mental health services for the past two months. Referrals need to become routine for DCFS workers; DMH district chiefs and DCFS regional administrators may have worked together in the past, Ms. Celis said, but no systematic structure has been built until now. Following a recent Federal court order, DMH and DCFS can for the first time share information in a data set that can be disaggregated on many levels—by the individual child, by provider, by SPA, and countywide—and child welfare outcomes can be directly associated with the services that DCFS children receive.

Children in schools need mental health services, too, Commissioner Powell said, and school psychologists are limited in their response by the bureaucracy they must deal with. She encouraged more departmental communication directly with schools and principals, as children must often display severe behavioral problems before they are given help.

When mental health services are provided at the medical hubs, Commissioner Worthy-Clayton has heard that children often miss appointments. DCFS medical director Dr. Charles Sophy has said that he will look into that, but Commissioner Worthy-Clayton also suggested it as a topic for Champs discussion. For families without cars or who may be uneasy about these services, Commissioner Powell recommended providing transportation, and Commissioner Rudnick emphasized the difficulty that getting to appointments often presents for families. According to Ms. Celis, the transition to more community-

based and in-home services means that families will no longer be expected to come to clinics as often, which should ameliorate some of the problem.

When treatment is ongoing, Commissioner Kleinberg worries about reassessments to determine if the child is making progress and if the treatment is effective. With the county's overall move to evidence-based practices, Ms. Celis said, results should be more measurable, especially with community- and home-based services. Outcome data should be available soon on new programs in SPAs 1, 6, and 7—home-based and other mental health services—for foster and probation children returning home.

The spectrum of available mental health services includes assessments, regular outpatient services (usually clinic-based and weekly), a variety of intensive programs funded through the Mental Health Services Act (full-service partnerships, which are similar to wraparound in that they provide treatment services to parents as well as to children), two Community Treatment Facilities for children with acute mental health needs, and group homes for DCFS and Probation children, where DMH provides intensive, often daily, services. Therapeutic behavioral services are also available for children who are transitioning between levels of care—returning home from a hospital setting, for instance—that are as intense as the child needs.

Wraparound services are primarily provided to DCFS children and to a few Probation and DMH children; full-service partnerships are available to all children, including those from the community. EPSDT is an entitlement program, and its services are available to all children eligible for Medi-Cal. This can be an issue with incarcerated children, who lose their Medi-Cal eligibility while confined, since the county must fund those services directly. Children in DCFS's voluntary family reunification or family maintenance programs may not be eligible for Medi-Cal, either, though most qualify for other health insurance programs for low-income families. Although some indigent funds are available, Ms. Celis said that a significant indigent problem does exist and should be studied.

EPSDT services are triggered by an adjustment disorder, which many children have who are removed from their homes or are victims of a crime. They may also meet the 'medical necessity' qualification for further services, and MHSA's prevention and early intervention component is looking at six weeks of cognitive behavioral therapy that will get them immediate help for traumatic events. Children who have been in and out of the child welfare system or who have had several placements may need clinical services beyond that. Many children with risk factors for mental health issues (poverty, a history of abuse or neglect, and so on) may not be eligible for Medi-Cal, yet would benefit from intensive programs other than what's being provided now.

Setting up an assessment system in schools and child care centers will be key to reaching out to the community, Commissioner Kleinberg said, but what about within the county system? One component of the Title IV-E waiver is the up-front assessment, Ms. Kerr said, which determines what a family needs to stay intact; that element has proved the number-one choice for expansion once additional dollars are available. A major piece of

another recent plan also developed a screening methodology to identify and direct children to the types of services they need.

PROVIDER PERSPECTIVE ON CHILD MENTAL HEALTH

Betsy Pfromm is executive director of the Los Angeles Child Guidance Clinic, which has provided mental health and early intervention services to Central and South Los Angeles communities since 1924. The Clinic has successfully partnered with DMH and DCFS on the multidisciplinary assessment team (MAT) concept, and Ms. Pfromm credited DCFS staff members Laura Andrade and Marilynn Garrison for much of the MAT model's being seen as a national best practice. The Clinic's First Steps program, which focuses on the early attachment of parent and child, goes into the homes of children from birth to age three whose parents have risk factors—maternal depression, co-occurring disorders, and so on—that indicate the likely need for mental health services in the future.

Although funding is available for various programs from the Mental Health Services Act and other sources, the Clinic is not receiving sufficient referrals to serve as many children as it could. The organization has significant numbers of openings in its slots for:

- Full-service partnerships (one of the few programs that treat both children and family members, and one of the few with slots dedicated to very young children)
- System of care (referrals from the Probation/DCFS interagency screening committee often take weeks to process, and other providers have taken to filling these slots on their own)
- Early intervention and after-school day treatment programs
- Medicaid/EPSDT outpatient services

Studies show that between half and 80 percent of children in foster care have a diagnosable mental health disorder, largely resulting from the trauma of abuse, gross neglect, or domestic violence. (For the MHSA prevention and early intervention component, "trauma" is a key word, since that is a targeted area of focus.) Untreated, trauma can lead to debilitating major depression later in life, and infants and toddlers with untreated attachment disorders can exhibit problems in regulating their emotions and establishing interpersonal relationships. The rate of expulsion for preschool students is 3.2 percent higher than for those in kindergarten and first grade; youngsters with attachment disorders can be hugely disruptive, aggressive, unmanageable, and harmful to peers, and preschools find it extremely challenging to work with them.

The earlier the access to mental health services, the better the outcome. Delay has an impact not only on the juvenile justice system, special education services, and school graduation rates, but on an individual's increased risk for abusing alcohol and drugs, a reduced ability to form lasting beneficial relationships, and a diminished likelihood of financial self-support. A state study showed that at age 18, only 20 percent of former foster youth support themselves, fewer than half have a high school diploma, and 65 percent are homeless or close to being homeless. (Ms. Pfromm will provide a copy of that study to the Commission; it is part of the MHSA documentation.)

Children in foster care have numerous factors that place them on a trajectory for future involvement in mental health services and multiple systems, and those experiencing as few as four of those risk factors—most foster children—are ten times as likely to experience future psychiatric impairment. Mental health services can introduce protective factors by enhancing parent-child interactions and the child's ability to sustain personal relationships, reducing behavioral problems, improving academic performance, and establishing a natural support system to wrap around the family.

The Clinic has a long history of initiatives around D rate children, and staff members work hard on access issues in collaboration with DCFS. At present, most of the Clinic's referrals come from schools, not from the DCFS/DMH linkage nor from Regional Centers, and Ms. Pfromm sees an improved tracking system as vital to knowing how many children are referred to and enrolled in mental health services. Expensive, high-end programs—typically necessary only because a child didn't receive mental health services earlier—receive much focus, with insufficient attention being devoted to basic Medicaid/EPSDT services. MAT assessments are a way to get immediate services for children in foster care while their level of impairment is moderate, before behavior or emotional problems escalate to the point of their needing high-end programs.

The good news is that a lack of funding for mental health services is not a barrier. The comprehensive benefits package provided by Medicaid/EPSDT has existed as an entitlement since 1995, and compares very favorably to commercial-style mental health benefits provided by insurance, which would never pay for a therapist to come to a child's home, for instance, or provide 23-hour-a-day behavioral intervention. All foster care children are eligible for and entitled to access to mental health services, and Ms. Pfromm wants to ensure that the Clinic's services are utilized.

The contact that schools most often have with DCFS, Commissioner Powell said, is reporting suspected child abuse. As a principal, she never had a presentation on services available to the school population, nor did she know—although the school psychologist may have—that schools could refer children to DMH. Mental health providers have patched together opportunities to link with schools, Ms. Pfromm said, but coordinating with large systems, such as those in Los Angeles County, can be a challenge. The Child Guidance Clinic, for instance, has used funding from the Robert Wood Johnson Foundation to place a school-based coordinator at Norwood Elementary who concentrates on services for immigrant families there.

Commissioner Worthy-Clayton asked about DCFS and Probation efforts to fill mental health service slots, calling it a travesty that the money and the services exist yet children are not benefiting from them. After a recent meeting between Ms. Ploehn, Ms. Pfromm, and DMH director Marv Southard, DCFS sent out notifications about mental health services with caregiver paychecks, and Ms. Pfromm encouraged the continuing of that effort. After fighting so hard for Probation youth to be eligible for full-service partnership slots, Commissioner Curry expressed grave disappointment that neither DCFS nor Probation were using them when youth could benefit so much, especially when transitioning

out of probation camps. The Child Guidance Clinic is only one provider—how many slots are empty overall? Sending a notice with caregiver paychecks is not enough, she said. Training for staff and caregivers is necessary to facilitate getting youngsters the services they need.

Ms. Pfromm closed by thanking her partners at DCFS, saying that any problems being experienced were not due to a lack of good intentions. She hopes that referral issues can be solved so that children can get the services being funded for them.

PROBATION UPDATE—FACILITATING FAMILY CONNECTIONS

Out of the 20,000 juveniles currently under the supervision of the Probation Department, only between 3,600 and 3,700 are confined. Most are in the community, either at home or in a group home setting. Placement officers meet with those youth face-to-face on a monthly basis at least 95 percent of the time, Chief Probation Officer Robert Taylor said, and try to ensure that family contacts are maintained and that family members participate in therapy sessions, if those are offered, while youth are in group homes. A recent focus group held at Boys Republic found that the young men there were clear about their rights to make and receive phone calls (although some interruptions in calls were mentioned, along with difficulties that parents sometimes reported in contacting staff of the group home). Visitation time at the juvenile halls has been expanded to Saturdays as well as Sundays, and few restrictions on visits to probation camps exist, with parents being allowed to come during the week if they cannot on weekends.

Keeping family connections intact is difficult, Commissioner Biondi said, but she fears that some of Probation's policies conflict with its stated goals. In the juvenile halls, for instance, where youth have no assigned deputy probation officer, they are not able to get their weekly phone calls and are often forced to call their families collect when they are allowed to call. And although parents are theoretically encouraged to participate in their children's assessments and case plans, drug-testing them before admitting them for a visit, with a machine known to give unrealistic readings—one mother undergoing cancer treatment was turned away three times at Camp Gonzalez—is not the way to make them feel welcome. Family contact is critical to reunification efforts, Chair Sorkin said, and some drugs are known to stay in the system for a long time. Denying parents entrance seems drastic if no other evidence of impairment presents itself. When a question of possible substance abuse arises with a DCFS family, workers arrange for monitored visits with the child. Can more Probation staff be involved when parental drug use is suspected at the camps? In too many instances, Chief Taylor said, parents arrive drunk or under the influence of drugs, or bring drugs to share with their youngsters. Staff are present when families interact, but they do so in a large room, not individually. However, more staff could be an option.

The general tenor of what many Commissioners have heard is that families feel looked down upon and mistreated when they come for visits to the camps and halls, not as if Probation staff truly welcome them and want to help bring families back together. The sense is more that the families are as guilty of the offense as the child. People in the

community want to see their relationship with the department less as punishment, Commissioner Kleinberg said, and more as a partnership, and the attitude of staff can go a long way to making parents feel welcome rather than humiliated. Nonetheless, Commissioner Worthy-Clayton added, Probation staff are responsible for the safety of the youth in their facilities, and she wanted Chief Taylor to know that Commissioners raise these issues within that context. With five or six hundred teens in one institution, the rules are different than when a parent is visiting one-on-one with a five-year-old. Some family members may not feel warmly toward staff, but balancing that with safety is essential. The process is outcome-driven, Commissioner Kleinberg agreed—everyone is safe, but families are brought together so that children can return home.

When youth do return home, Commissioner Biondi said, families can receive bills for thousands of dollars to reimburse the county for the costs of their child's incarceration, a situation that can do tremendous damage, sowing resentment at a time when families need to be supporting those youth. Section 903 of the state Welfare and Institutions Code allows counties to bill families for those expenses, she said, but it isn't required, and other states feel that charging parents for incarceration costs is in direct conflict with the goal of rehabilitation. Families are charged according to their ability to pay, Chief Taylor explained, and fewer than 10 percent receive those bills, which are based on a court-set rate of $23 per day in the juvenile halls and $11 per day in the camps. (Incarcerated adults are charged similar rates.) By law, Commissioner Biondi said, the burden is on the county to prove that parents can afford to pay this restitution, not on the parents to prove that they can't.

Commissioners asked Chief Taylor to provide copies of the written policies Probation has in place with regard to phone calls (including collect calls) for incarcerated youth, drug-testing parents prior to visits with their children, and restitution rates and the formulas used to calculate which parents are charged and how much they are billed. Information on the procedures to refer transition-age youth to full-service partnership slots, and what is preventing those referrals, was also requested.

PUBLIC COMMENT

Danny Ramos of Service Employees International Union Local 721 pointed out the correlation between empty service slots and overwhelming DCFS workloads that may prevent workers from connecting vulnerable children with available services. Workloads have quadrupled in the last decade, he said, and paper-file requirements increase with every policy issued by the department. He appreciates the continued connection with the Probation Department, but mourns the high recidivism rate for probation youth, and the fact that so many come from the foster care system. His own volunteer work in the camps highlights the need for family connections for these youth both inside and outside the camps.

MEETING ADJOURNED